

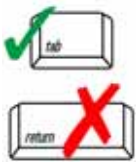


Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Title 5  
**DEP Approved Inspection and O&M Form for Title 5 I/A  
Treatment and Disposal Systems (Eljen, Enviro-Septic, RUCK)**

## A. Installation

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Owner

Facility Street Address

City

Zip

Mailing address of owner, if different:

Street Address/PO Box:

City

State

Zip

( ) - ext.

Telephone Number

## B. Authorized Service Provider

O&M Firm

Street Address

City

State

Zip

( ) - ext.

Telephone Number

Operator Name

Technology Company/ Date of Training

## C. Facility/System Information

DEP ID

Manufacturer ID

Model Number

Installation Date

Start of Operation

Approval Type: ☐ General ☐ Provisional ☐ Piloting ☐ Remedial

Seasonal Residence – used less than 6 mo./year: ☐ Yes ☐ No

## D. Operating Information

Inspection Date

Previous Inspection Date

Sludge Depth (to be checked yearly)

Pumping Recommended ☐ Yes ☐ No



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**E. Field Testing – not required for standard inspection of Eljen, Enviro-Septic or RUCK**

Field Inspection:

Color:    ☐ gray    ☐ brown    ☐ clear    ☐ turbid

☐ Other (specify): \_\_\_\_\_

Odor:    ☐ musty    ☐ earthy    ☐ moldy    ☐ offensive    ☐ turbid

Effluent Solids:    ☐ no    ☐ some

pH             SU    DO             mg/L    Turbidity             NTU  
          6 to 9                    2 or greater                    40 or less

Should a Remedial or General Use system fail the Field Testing, effluent samples shall be collected per Standard Methods and analyzed for BOD and TSS.

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**F. Sampling Information – not required for standard inspection of Eljen or Enviro-Septic**

Samples Taken:    ☐ Influent    ☐ Effluent

Commercial systems or systems with a design flow of 2000 gpd and greater, and General Use nitrogen reducing systems:

\_\_\_\_\_ gpd

Parameters sampled: ☐ pH ☐ BOD ☐ CBOD ☐ TSS ☐ TN ☐ Other (list below)

Other 1 \_\_\_\_\_

Other 2 \_\_\_\_\_

Other 3 \_\_\_\_\_

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**G. Inspection and Maintenance**

Description of any maintenance performed since previous inspection & during this inspection:

\_\_\_\_\_  
\_\_\_\_\_

Notes and Comments:

\_\_\_\_\_  
\_\_\_\_\_



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**H. Certification**

I certify: I have inspected the sewage treatment and disposal system at the address above, have conducted any required Field Testing and/or sample collection in accordance with Standard Methods, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I have attended a training course for this System with the Technology Company and am listed by the Company as a trained inspector.

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Operator Signature

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Date

System owner must submit this report, technology O&M checklist, and any required sampling results to the local board of health and DEP as follows for each inspection performed:

**Remedial Use** – by January 31<sup>st</sup> of each year for the previous calendar year

**Piloting Use** - within 45 days of inspection date

**Provisional Use** – by March 31<sup>th</sup> of each year for the previous 12 months

**General Use** – by September 30<sup>th</sup> of each year for the previous 12 months

**Send to:**

Department of Environmental Protection  
Attention: Title 5 Program  
One Winter Street, 6<sup>th</sup> Floor  
Boston, MA 02108